

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



February 25, 1975

ALL-COUNTY LETTER NO. 75-46

TO: ALL COUNTY WELFARE DIRECTORS

OBSOLETESuperseded by ACL 77-15Issued 3-17-77SUBJECT: COUNTY QUALITY CONTROL - CORRECTIVE ACTION REGULATIONS
(DIVISION 15, OPERATIONS MANUAL) IMPLEMENTATION

REFERENCE:

In order to ensure that AFDC recipients obtain exactly the amount of money to which they are entitled, a goal of the Department of Benefit Payments is to establish a constructive, cost-beneficial, statewide AFDC Quality Control - Corrective Action system.

By providing the framework for the state and counties to work together, recent state regulations describing requirements for county level Quality Control - Corrective Action programs represent a major milestone in this system. The regulations, which became effective January 23, 1975, are based, in part, on the error reduction programs already in use by many counties and provide the added dimension of Department of Benefit Payments assistance in extending successful Quality Control - Corrective Action concepts to all counties.

The regulations have been issued at a time when many counties can already take great pride in their improved ability to accurately determine AFDC eligibility and grants. These decisive county actions have significantly contributed to reduction of California's error rate, making it one of the lowest in the nation among the large states.

To assist in implementing the new regulations, we have enclosed a preprinted Quality Control - Corrective Action Plan. Consistent with Section 15-405 of the regulations, please complete and return the plan to:

Department of Benefit Payments
AFDC Program Operations Bureau
744 P Street, MS 16-30
Sacramento, CA 95814

Quality Control - Corrective Action Plans are due by April 1, 1975. You will receive a response to your plan no later than May 4, 1975.

In addition to the preprinted QC-CA plan there are several documents enclosed to assist you in planning and implementing your Quality Control - Corrective Action program:

The California Quality Control Model

The QC Model has been developed as a means of reducing eligibility and grant errors by involving all three levels of government (Federal, State, County) in the Quality Control - Corrective Action process. It has been included to provide information on the background of the new regulations, and may additionally serve as a guide for establishing your QC-CA program. The Department of Benefit Payments and several county welfare departments have implemented Model concepts and procedures, and view them as a sound approach to error reduction.

We are continuing our effort to increase Federal involvement, particularly as related to errors resulting from problem Federal regulations.

The HEW Quality Control Manual/3000

The QC Manual/3000 describes the procedures used by the state and federal staffs for sample selection, home visits, third party contacts, acceptable types of verification, and instructions on the use of the federal review forms. This valuable tool is now being used by many counties as a basis for their QC programs.

QC County Sampling Instructions

The QC county sampling instructions are provided for informational purposes. The procedures are suggested for those counties electing to choose their own sample. Random number tables will continue to be furnished to all counties every six months.

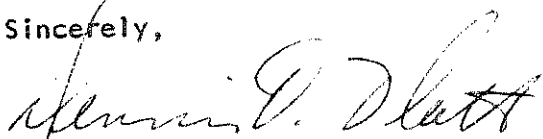
Questions and Answers

These are answers to questions received from counties and answers to anticipated questions on general aspects of the regulations.

Our Quality Control and AFDC Program Operations Bureaus will be using a teamwork approach in assisting counties with implementation. Please do not hesitate to call if you have questions or desire assistance. Addresses and telephone numbers of state personnel to be contacted are attached.

County contributions to the development of the new regulations have been invaluable. The continued support of all counties is essential in implementing the regulations to further reduce errors and achieve our mutual goal of a controlled and equitable AFDC program.

Sincerely,



DENNIS O. FLATT
Deputy Director

Enclosures

cc: CWDA

COUNTY QUALITY CONTROL - CORRECTIVE ACTION REGULATIONS IMPLEMENTATION

DEPARTMENT OF BENEFIT PAYMENTS CONTACTS

For assistance or questions regarding quality control sampling procedures or a specific case encountered in the error identification phase, contact:

Department of Benefit Payments
Administrative Support Unit
Welfare Program Evaluation Branch
744 P Street, MS 19-10
Sacramento, CA 95814
Telephone: (916) 445-0220

For assistance or questions regarding implementation or evaluation of the error identification phase of the QC-CA process, contact the Quality Control Regional Manager for your county:

Frank W. Walker
Southern Region Quality Control
107 South Broadway - Room 6106
Los Angeles, CA 90012
Telephone: (213) 620-5976

Southern Region Counties

Imperial Los Angeles Orange Riverside San Bernardino San Diego
San Luis Obispo Santa Barbara Ventura

Leon Dixon
Northern Region Quality Control
926 J Street - Room 422
Sacramento, CA 95814
Telephone: (916) 322-2164

Northern Region Counties

Alpine Amador Butte Calaveras Colusa Del Norte El Dorado Fresno
Glenn Humboldt Inyo Kern Kings Lassen Madera Mariposa Merced Modoc
Mono Nevada Placer Plumas Sacramento San Joaquin Shasta Sierra
Siskiyou Solano Stanislaus Sutter Tehama Trinity Tulare Tuolumne
Yolo Yuba

Cosmo Riviello
Coastal Region Quality Control
1407 Market Street - Room 300
San Francisco, CA 94103
Telephone: (415) 557-0137

Coastal Region Counties

Alameda Contra Costa Lake Marin Mendocino Monterey Napa San Benito
San Francisco San Mateo Santa Clara Santa Cruz Sonoma

For assistance or questions regarding how to organize for QC-CA and planning and implementation of actions designed to reduce errors, contact your county's AFDC Management Consultant at:

AFDC Program Operations Bureau
744 P Street, Mail Station 16-30
Sacramento, CA 95814
Telephone: (916) 445-4458



COUNTY OF

**PLAN FOR
QUALITY CONTROL -
CORRECTIVE ACTION**

COUNTY QUALITY CONTROL – CORRECTIVE ACTION PLAN

This plan, when filled out, signed by the County Welfare Director, and approved by the Department of Benefit Payments, constitutes the county's commitment to implement the Quality Control – Corrective Action program outlined below.

I. ORGANIZATION FOR QUALITY CONTROL – CORRECTIVE ACTION (15-205)

- A. The individual responsible for the overall county QC – CA program is _____
_____. Title _____
Telephone Number _____.
- B. The departmental unit responsible for the Error Identification phase of the QC – CA process is _____
_____. The individual responsible for this phase is _____
_____. Title _____
Telephone Number _____.
- C. The departmental unit responsible for the Error Analysis phase of the QC – CA process is _____
_____. The individual responsible for this phase is _____
_____. Title _____
Telephone Number _____.
- D. The departmental unit responsible for the Corrective Action Planning phase of the QC – CA process is _____
_____. The individual responsible for this phase is _____
_____. Title _____
Telephone Number _____.
- E. The departmental unit responsible for the Corrective Action Implementation phase of the QC – CA process is _____
_____. The individual responsible for this phase is _____
_____. Title _____
Telephone Number _____.
- F. The departmental unit responsible for the Corrective Action Evaluation phase of the QC – CA process is _____
_____. The individual responsible for this phase is _____
_____. Title _____
Telephone Number _____.

- G. The department's Quality Control Coordinator is _____
Title _____ Telephone Number _____.
- H. The departmental unit and/or individual responsible for producing the quarterly QC – CA report to the Department of Benefit Payments is _____
Title _____ Telephone Number _____.
- I. To insure the necessary commitment of departmental resources to Quality Control – Corrective Action, top management will be involved in the process in the following manner (*e.g., a QC – CA Committee, involvement in decision-making, other forms of management involvement*): _____

- J. Attach an organization chart depicting the department's organization for QC – CA.

II. PHASE ONE – ERROR IDENTIFICATION (15-310)

You are encouraged to follow Federal QC regulations as they pertain to the review process mandated by the Federal government on the states; however you may use another error identification process approved by the Department of Benefit Payments.

- A. We will implement and follow Federal quality control regulations contained in QC Manual 3000 as they apply to the error identification process.

☐ Yes, **without** modification.

☐ Yes, **with** modification.

☐ No.

If yes, with modification, or no, provide the following:

1. Describe the proposed error identification procedure (*attach additional pages as necessary*):

2. Attach the forms to be used in the proposed error identification procedure, if different from federal forms.

- B. Provide the following:

1. Monthly amount of staff time (in hours) committed to error identification in the AFDC program: _____ man hours.
2. The size of the monthly sample for error identification: _____ cases per month.

- C. We desire the state to select the monthly sample of cases from the CID file.

☐ Yes ☐ No

(Refer to enclosed sampling instructions. The CID is a file of individuals issued Medi-Cal cards from the State Department of Health. The sampling universe from which AFDC quality control samples are selected includes only those Medi-Cal card holders receiving AFDC. AFDC samples are selected from the CID file usually between the fourth and seventh calendar day of each month.)

If no, provide the following: _____.

1. Frequency of sample selection: _____.

2. Method of sample selection: _____.

_____.

_____.

_____.

3. Universe of the sample: _____.

_____.

III. PHASE TWO – ERROR ANALYSIS (15-315)

If federal review forms will be used, the state will, upon request, provide monthly computer generated error arrays.

- A. We request monthly computer error arrays by the Department of Benefit Payments.

☐ Yes ☐ No

- B. In addition to error arrays by case error rate, dollar error rate, error element, and source of error, generated either by the state or the county, please indicate which of the following optional arrays will be used:

☐ By system.

☐ By individual worker or unit.

☐ By manual section.

☐ By potential corrective action.

☐ Other. Explain: _____

- C. Describe the process by which errors will be analyzed to identify corrective action alternatives, (e.g., identifying concentrations, interviewing line staff, systems review, sources of error):

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IV. PHASE THREE – CORRECTIVE ACTION PLANNING (15-320)

Describe the Corrective Action Planning phase (*the process by which the county will decide what corrective actions to implement and how*) as it will be implemented in the county. The following must be considered: Identifying corrective action alternatives, allocating resources, top management involvement, priorities of selected corrective actions, cost-benefit analysis when appropriate, staff participation, maintenance of documentation.

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V. PHASE FOUR – CORRECTIVE ACTION IMPLEMENTATION (15-325)

Describe the Corrective Action Implementation phase as it will be implemented in the county. The following must be considered: Proposed method(s) and procedure(s) for monitoring the progress of implemented corrective actions, implementation timetables with milestones, assignment of implementation responsibilities.

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VI. PHASE FIVE - CORRECTIVE ACTION EVALUATION (15-330)

Describe the Corrective Action Evaluation phase as it will be implemented in the county. The following must be considered: Proposed methods of evaluation, cost-benefit evaluation as appropriate, special studies, line staff interviews, comparison of actual versus anticipated benefits of implemented corrective actions.

Sl. No.	Particulars	Debit	Credit
1	To Balance b/d		1000
2	To Cash	500	
3	To Sales	1500	
4	To Other Income	100	
5	To Total	2100	2100
6	By Cash		500
7	By Sales		1500
8	By Other Income		100
9	By Balance c/d		1000
10	By Total		2100
11	To Cash	500	
12	To Sales	1500	
13	To Other Income	100	
14	To Total	2100	
15	By Cash		500
16	By Sales		1500
17	By Other Income		100
18	By Balance c/d		1000
19	By Total		2100
20	To Cash	500	
21	To Sales	1500	
22	To Other Income	100	
23	To Total	2100	
24	By Cash		500
25	By Sales		1500
26	By Other Income		100
27	By Balance c/d		1000
28	By Total		2100
29	To Cash	500	
30	To Sales	1500	
31	To Other Income	100	
32	To Total	2100	
33	By Cash		500
34	By Sales		1500
35	By Other Income		100
36	By Balance c/d		1000
37	By Total		2100
38	To Cash	500	
39	To Sales	1500	
40	To Other Income	100	
41	To Total	2100	
42	By Cash		500
43	By Sales		1500
44	By Other Income		100
45	By Balance c/d		1000
46	By Total		2100
47	To Cash	500	
48	To Sales	1500	
49	To Other Income	100	
50	To Total	2100	
51	By Cash		500
52	By Sales		1500
53	By Other Income		100
54	By Balance c/d		1000
55	By Total		2100
56	To Cash	500	
57	To Sales	1500	
58	To Other Income	100	
59	To Total	2100	
60	By Cash		500
61	By Sales		1500
62	By Other Income		100
63	By Balance c/d		1000
64	By Total		2100
65	To Cash	500	
66	To Sales	1500	
67	To Other Income	100	
68	To Total	2100	
69	By Cash		500
70	By Sales		1500
71	By Other Income		100
72	By Balance c/d		1000
73	By Total		2100
74	To Cash	500	
75	To Sales	1500	
76	To Other Income	100	
77	To Total	2100	
78	By Cash		500
79	By Sales		1500
80	By Other Income		100
81	By Balance c/d		1000
82	By Total		2100
83	To Cash	500	
84	To Sales	1500	
85	To Other Income	100	
86	To Total	2100	
87	By Cash		500
88	By Sales		1500
89	By Other Income		100
90	By Balance c/d		1000
91	By Total		2100
92	To Cash	500	
93	To Sales	1500	
94	To Other Income	100	
95	To Total	2100	
96	By Cash		500
97	By Sales		1500
98	By Other Income		100
99	By Balance c/d		1000
100	By Total		2100

VII. QC – CA IMPLEMENTATION TIMETABLE

A. The elements of our QC – CA program, outlined in this plan, are (check one):

1. ☐ Fully implemented.
2. ☐ Partially implemented.
3. ☐ Will be implemented.

B. Complete the following:

Element	Implementation Target Date	Date Implemented
1. Organization for QC – CA	_____	_____
2. Operational QC – CA process		
Phase I	_____	_____
Phase II	_____	_____
Phase III	_____	_____
Phase IV	_____	_____
Phase V	_____	_____

Signature

(Type or Print Name)

Title (County Welfare Director)

Date